

## NOTICE OF PRIVACY PRACTICES

This notice describes how information may be used and disclosed and how you can obtain access to this information. Please review this carefully. The Health Insurance Portability & Accountability Act of 1996 (HIPAA) is a federal program that requires all health care records and other individually identifiable health information used or disclosed to us in any form, whether electronically, on paper, or orally, be kept properly confidential. This Act gives you, the patient, significant new rights to understand and control how your health information is used. HIPAA provides penalties for covered entities that misuse personal health information. As required by HIPAA, we have prepared this explanation of how we are required to maintain the privacy of your health information and how we may use and disclose your health information. Without specific additional authorization, we may only use and disclose your health care records for the purposes of treatment, payment and health care operations.

\* Treatment means providing, coordinating, or managing health care and related services by one or more health care providers. Examples of treatment would include crowns, fillings, teeth cleaning services, etc.

\* Payment means such activities as obtaining reimbursement for services, confirming coverage, billing or collection activities, and utilization review. An example of this would be sending a bill for your visit to your dental plan for payment.

\* Health Care Operations include the business aspects of running our practice, such as conducting quality assessment and improvement activities, and customer service. Examples would include appointment reminders, internal quality assessment reviews, etc.

Any other uses and disclosures will be made only with your written authorization. You may revoke such authorization in writing and we are required to honor and abide by that written request, except to the extent that we have already taken actions relying on your authorization. The practice may contact the individual to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to the individual. You have the following rights with respect to your protected health information, which you can exercise by presenting a written request to our Privacy Officer.

\* The right to request restrictions on certain uses and disclosures of protected health information, including those related to disclosures to family members, other relatives, close personal friends, or any other person identified by you. We are, however, not required to agree to a requested restriction. If we do agree to a restriction, we must abide by it unless you agree in writing to remove it.

\* The right to reasonable requests to receive confidential communications of protected health information from us by alternative means or at alternative locations.

\* The right to inspect and copy your protected health information.\* The right to amend your protected health information.

\* The right to receive an accounting of disclosures of protected health information.

\* The right to obtain a paper copy of this notice from us upon request. We are required by law to maintain the privacy of your protected health information and to provide you with notice of our legal duties and privacy practices with respect to protected health information. This notice is effective as of April 2003 and we are required to abide by the terms of the Notice of Privacy Practices currently in effect. We reserve the right to change the terms of our Notice of Privacy Practices and to make the new notice provisions effective for all protected health information that we maintain. We will post and you may request a written copy of a revised Notice of Privacy Practices from this office. You have recourse if you feel that your privacy protections have been violated. You have the right to file a formal, written complaint with us at the address below, or with the Department of Health & Human Services, Office of Civil Rights, about violations of the provisions of this notice or the policies and procedures of our office. We will not retaliate against you for filing a complaint.

Please contact us for more information:  
Angela DeSanto, Office Manager  
Dr. William D. Gilbert  
14655 Bel-Red Road, Suite 102  
Bellevue, WA 98007  
425-957-4700

For more information about HIPAA or to file a complaint:

The U.S. Department of Health & Human Services Dr.  
Office of Civil Rights  
200 Independence Avenue, Southwest  
Washington, D.C. 20201  
877-696-6775